ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE

ARNOLD URBAN SANITARY DISTRICT,

FOR THE YEAR 1905.

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ARNOLD, FEBRUARY 6TH, 1906.

TO THE ARNOLD URBAN DISTRICT COUNCIL.

GENTLEMEN,

The year 1905 has been a comparatively uneventful one for Arnold, from a sanitary point of view. On the one hand there has been little disease due to defective sanitation, and on the other no great reforms or even improvements have been accomplished in the sanitary condition of the place. The possession of an excellent water supply, and an efficient system of sewerage exempt us from many of the dangers to which some other places are liable, and we have further, the advantages of a naturally healthy site—pervious sandstone covered with a layer of sand. In spite of these advantages, however, it is not difficult to detect sanitary defects in our midst, I refer chiefly to the unsatisfactory condition of many of the yards and spaces round houses, these, as I have said in former reports, should be paved or asphalted and properly drained, which would do much to encourage the people to keep them clean: cleanliness is antagonistic to disease.

I will ask you first to consider the

Vital Statistics.

1.—*Population.* Mr. Coope, the collector of rates, has been kind enough to calculate for me the number of inhabited houses at the end of

June: this he informed me was 2,340, the increase on the previous year being 140. The average number of inhabitants per house at the last census was 4·8, but where there has been rapid building the number of persons per house usually decreases, so I have reckoned it as 4·5 instead of 4·8. The population, therefore, on this calculation is 10,530, an increase of 630 on the previous year. This appears to be a very large increase, and as it can be seen from the statistics of births and deaths that the natural increase, that is the excess of births over deaths, is only 154, it means practically that there are 476 new comers.

On referring to Table I. it will be seen that both the birth and death rates are slightly below the average of the previous ten years, and this fact rather bears out my suggestion that the estimation of the population is too great. It seems, however, the most reliable way of arriving at an estimation, and so I am basing my calculations on these figures. At the last census there was found to be a great discrepancy between the estimated and true population in most places, and as most of the important statistics have to be reckoned from the population, it seems most desirable that a census should be taken more frequently.

II.—*Deaths.* 156 were registered during the year—77 males and 79 females: the death rate is 14·8 per 1,000 per annum. This is the gross rate.

In my last Report I called attention to the fact that the Local Government Board require further corrections to be made, so as to arrive at the nett or corrected death rate, this is obtained by adding to the total deaths registered in the district the deaths of residents which have taken place in public institutions outside the district, and have been registered in those places, and by deducting the deaths of non-residents who were brought into the district on account of illness, and have died in a public institution there. I also pointed out the difficulty of doing this, as one had no official information of the deaths occurring outside the district, and it was more than probable that a good many deaths were not included at all in the corrected rate, being excluded from the district where they occurred, but not included in the returns of the district where the person originally came from.

The County Medical Officer has, however, obtained a list of deaths occurring in 1905 in some of the public institutions, and distributed them amongst the sanitary districts concerned, and so this year, at any rate, the corrected death rate will be more reliable.

I am sure each District Medical Officer is grateful to Dr. Handford for the trouble he has taken in obtaining these lists, but I think it should be made the duty of the Registrar to forward, at the end of each year, a return of the deaths of persons dying in hospitals, &c., and registered in his district, but belonging to another district, to the Registrar of that district.

I find that 6 deaths of residents occurred outside the district, the nett deaths, therefore, are 162—80 males and 82 females; and the corrected death rate is 15·38 per 1,000 per annum.

No deaths have to be deducted, because there is no public institution for the sick in the district.

The diseases causing the chief mortality were (Table IV.):—

Bronchitis	20
Measles	18
Pneumonia	15
Consumption	13
Heart Disease	11
Zymotic Diarrhœa	9
Cancer	8

Age Mortality.

Table IV. shows the ages at which the deaths occurred, and also the causes of death, classified and arranged. The following is the percentage of deaths at different ages:—

Under 1 year ..	50 deaths	..	30·86 per cent.
Between 1—5 years	24 ,,	..	14·87 ,, ,,
,, 5—15 ,,	7 ,,	..	4·32 ,, ,,
,, 15—25 ,,	8 ,,	..	4·93 ,, ,,
,, 25—65 ,,	45 ,,	..	27·77 ,, ,,
Over 65 years ..	28 ,,	..	17·28 ,, ,,

Seasonal Mortality.

48	deaths occurred	in the	1st quarter,	or	29·62 per cent.
40	,, ,,		2nd ,,		24·69 ,,
40	,, ,,		3rd ,,		24·69 ,,
34	,, ,,		4th ,,		20·98 ,,

It will be seen that the deaths have been fairly uniform throughout the year.

In January there were 11 deaths from respiratory diseases due to the inclement weather, and the smaller number in the last quarter is accounted for mainly by the weather being exceptionally mild. The comparatively large number in the third quarter was due chiefly to epidemic diarrhœa, which was extremely prevalent during July and August.

Infant Mortality.

There were 50 deaths in infants under 12 months of age; this means a death rate of 161 per 1000 births.

The chief causes of these deaths were :—

Zymotic Diarrhœa	9
Premature Birth	8
Bronchitis	6
Pneumonia	4
Measles	4

It is satisfactory to note that the mortality is very considerably less than in 1904, and also less than the average of the preceding 10 years, but it is still undoubtedly high. The rate for the whole county in 1904 was 139, and for England and Wales 125.

The following, from the County Medical Officer's Report for 1904, is an interesting table of the infantile death rates of surrounding districts for that year :—

Hucknall Torkard	197
Worksop	178
Kirkby-in-Ashfield	165
Beeston	156
Carlton	138
Stapleford	138
Hucknall Huthwaite	137
Sutton-in-Ashfield	123
Basford	121
Mansfield	112

I have many times commented on the very high infant mortality rate—it is a subject of national importance, and though science and sanitation generally have advanced during the last few years, yet there has been no improvement in the death rate of young children under 12 months of age.

It depends on several conditions, and varies to a certain extent according to the season, but it is influenced largely by local conditions. A high birth rate does not necessarily mean a high infant mortality rate, for places with similar birth rates often vary considerably year after year in their infant death rate. A year or two ago I made the following suggestions as being the most likely in our district to lower this rate :—

1. A perfect system of scavenging—regularly, thoroughly, and at night time.
2. The paving of yards around dwelling houses.
3. The abolition of pig-styes near houses.
4. Houses not to be too much crowded together.
5. Efficient ventilation of dwellings.
6. Cleanliness in and around houses.
7. Sewers, cesspools, &c., to be kept in good condition.

The Local Government Board have issued a new table (V.), which records the causes of deaths in weeks and months under one year of age, and which doubtless in the course of time will be of value in making comparisons as to the causes of deaths, and may be the means of ascertaining more definitely why one district constantly suffers from a very high infantile mortality.

In this district I should suggest the following causes in order of importance :—

1. Improper feeding of infants.
2. Insanitary surrounding.

A large number of parents feed their infants on all forms of starchy food, which cannot be digested during the first few months of life, or feed them on milk from dirty bottles. It is not only necessary to see that the children get a wholesome supply of milk, but there is the further difficulty of teaching the parents how to prepare it and when to give it. The long tube bottle has a deal to answer for, as it is impossible to keep it clean, and the screw-top bottles are almost as objectionable, as the screw thread is difficult to cleanse, and is frequently found sour. Many of the insanitary conditions which may cause lowering of the child's vitality may not be always the result of structural defects, but are frequently due to overcrowding and neglecting to ventilate the home.

There are many homes in which the windows are rarely or never opened, and as a result the atmosphere in which the child is reared is in a constantly vitiated condition.

The remedy lies mainly in the education of the people in the feeding and management of their children, but how this is to be accomplished is a difficult matter.

Lectures on the subject, in my opinion are not of very great use, probably the people who needed instruction most would not come, and if they did would only carry away with them a very hazy recollection of what they had been told : the only method which has been found to be of any practical and lasting good is the appointment of lady inspectors, who visit the homes and teach the mothers in a practical way not only how to feed their children, but point out to them the advantages and comfort of the ordinary rules of health.

I believe in this way much could be done, for the people would soon begin to take an interest in the inspector's visits, and be anxious for her to find an improvement.

III.—*Births.* 310 were registered during the year, 161 males and 149 females.

The birth-rate is 29·43 per 1,000 per annum, which is practically the same as in 1904, but lower than the average of the preceding ten years.

IV.—*Infectious Diseases.* There were only 16 cases notified during the year. The numbers for the preceding five years were 29, 14, 28, 106, 55. The following were the diseases —

Scarlet Fever	..	..	7
Enteric ,,	..	..	5
Erysipelas	..	..	3
Diphtheria	..	..	1

Table III. shows the ages at which they occurred. There were 31 deaths from Zymotic or Infectious Diseases :—

18	from	Measles.
9	,,	Epidemic Diarrhœa.
2	,,	Typhoid Fever.
1	,,	Scarlet Fever.
1	,,	Diphtheria.

This represents a death-rate of 2·9 per 1,000 per annum; and is again, as last year, unusually high, and is accounted for by the epidemic of Measles.

Notifiable Infectious Diseases.

I.—*Enteric or Typhoid Fever.* Five cases were notified during the year. The district is, as a rule, particularly free from this disease; I have no doubt that this is due, in a great measure, to the enjoyment of an abundant and pure water supply.

In none of the houses were there any grave insanitary conditions, and it was impossible to trace the origin of the disease to any definite source.

II.—*Diphtheria.* One case only was notified as compared with 23 in the previous year.

III.—*Scarlet Fever* was notified seven times during the early part of the year; the type of disease was mild, though there was one death from heart failure.

IV.—*Erysipelas.* Three cases occurred.

V.—*Puerperal Fever, and*

VI.—*Small Pox* were entirely absent.

Non-Notifiable Infectious Diseases.

VII.—*Measles* occurred in an epidemic form during the first quarter of the year: there were a few cases in January, but the epidemic proper began about the third week in February, and continued till the end of April. The disease was of a moderately severe type, with very marked respiratory complications, and accounted for 18 deaths, 17 of which were in children under five years of age.

The complaint at first was most prevalent amongst the children attending the High Street Infants' School, and so I advised you early—on March 6th—to close this School.

The closing of an Infants' School, especially in an epidemic of Measles, which affects chiefly young children, is sometimes quite sufficient to check the spread of the disease, and it ought always to be done early, as the mortality from Measles is very great in little children: however, it was not successful in this instance, perhaps because the closure was delayed too long, and I found it necessary to advise the closure of all the remaining schools on March 20th for a period of three weeks, and it had eventually to be prolonged till May 1st, by which time the disease had practically disappeared from the district.

All the schools were disinfected immediately after the closure.

Owing to the fact that Measles is infectious before the rash appears, and therefore before the disease can be diagnosed, many children continued to attend school whilst in an infectious condition, and this is why, when once started in a school, Measles is difficult to eradicate. School closure to be really effective in the case of Measles should be enforced after the first case has appeared, and if applied for a fortnight all the children infected from that case will develop the disease at home, as the incubation period of Measles is about 14 days: in this way I think an outbreak might be very much limited, or even stamped out altogether. It must be remembered, however, that in a district like this, when children are not at school, they are usually playing about together in the streets and running in and out of each others houses, and so school closure is not so likely to be as advantageous as in a rural district.

VIII. *Whooping Cough* was very little in evidence during the year —a few mild cases came under my notice—and there were no deaths from this cause.

IX. *Epidemic Diarrhœa* was extremely prevalent during July, and accounted for nine deaths, all in children under 12 months of age. I have on many occasions dealt with the causes of this disease during the summer months, and they can be summed up as follows:—

(1) Want of cleanliness in the house and food.

(2) Improper feeding of infants.

(3) Dirty unpaved yards around houses.

Until we abolish the privy-midden system, insist on the paving with impervious materials of house yards, and educate the population as to the prime necessity of cleanliness in the house and with respect to infants' clothing and food, we shall continue to have the infant population decimated by epidemics of preventable diarrhœal diseases.

It is true that many houses are so defective and insanitary that they cannot be kept clean and healthy, but it is also unfortunately true that a large proportion of the population, however healthy the house may be structurally, lack the necessary knowledge or willingness to keep it healthy and clean.

X. Influenza was epidemic in January, and a large number of persons were attacked: the disease was of a moderately severe type, but the acute stage fortunately only lasted for a few days, the subsequent

prostration, however, was of considerable duration. Nearly every case was complicated by pneumonia or bronchitis, which added much to the danger, but there were however, no deaths from this cause.

It occurred sporadically during the remainder of the year, but the cases were of a distinctly mild character and usually uncomplicated. There is no doubt that Influenza is not nearly so severe a disease as it was when it appeared in this country about fifteen years ago: in 1891 it accounted for over 7% of the deaths in this place, and year by year the mortality has been lessening.

XI.—*Phthisis, or Consumption of the Lungs* caused 13 deaths, giving a death-rate of 1·23 per 1,000 per annum. The following table gives the death-rates for the preceding 10 years, showing an average of ·91 :—

1895	1·27.
1896	·33.
1897	1·21.
1898	1·07.
1899	·42.
1900	·82.
1901	·91.
1902	1·12.
1903	1·11.
1904	·90.

The death-rate from all Tuberculous Diseases is 1·7 per 1,000 per annum.

In my last Yearly Report I made a few remarks on the treatment of Consumption in Sanatoria, this year I am able to give the record of two cases from Arnold who were treated at the Sanatorium at Ratcher Hill.

The first case came under observation at the very commencement of the disease, and was promptly sent to the Sanatorium—in December 1904; he remained there for five months, and then returned to his home here, and after a few months' holiday he went back to his work (clerk), and has remained well up to the present time. He has continued to follow out the treatment which he was taught at the Sanatorium, viz :—the supreme value and importance of fresh, pure air night and day, and the ordinary rules of health.

The second case did not come under observation till the disease had made considerable progress, so much so, that he was not considered a suitable case to go to the Sanatorium then: he was, however, treated at

home for a few weeks and improved to some extent, and was then sent to Ratcher Hill: he made a wonderful improvement there, but he could only afford to stay for three months, and a year after his return home the disease became active again, and eventually killed him.

It has become the fashion somewhat to run down the Sanatorium treatment of consumption, both on the grounds of expense and on the supposition that cases always relapse on their return home, and I quote the first case to show that, at any rate, some patients do remain well after their return home, and the second to show that a life was undoubtedly prolonged even though it could not be saved. Of course the danger in the case of the poor is the tendency to relapse on their return to unhealthy, crowded homes and unsuitable work.

I again repeat the chief measures to be taken to check this widespread disease:—

(1) The prevention of overcrowding.

(2) Efficient ventilation in rooms both day and night.

(3) The prevention of the sale of milk from tubercular cows.

(4) The prevention of spitting.

(5) The collection of the expectoration of a consumptive patient in a special receptacle and the burning of it afterwards.

Disinfection.

Disinfection has been carried out, as in former years, after every case of infectious disease by formaldehyde and sulphur dioxide: the windows and fireplace are sealed as tightly as possible, and candles containing these substances are lighted in the middle of the room, and then the door is sealed, and the room left in this state for 12 hours; the windows are then kept wide open for as long as the room can be spared, and the latter thoroughly scrubbed out with carbolic soap and water, and, when possible, the ceiling is whitewashed and the walls re-papered.

Not possessing a steam disinfector the efficient purification of infected bedding and clothing is always a matter of difficulty, and depends to a large extent on the common sense and intelligence of the householder. However, after explaining the necessity of *thorough* disinfection, I have usually found people reasonable and willing to carry out instructions, and that they are carried out successfully is proved by the fact that secondary cases have been quite the exception.

In the event of a Small-pox outbreak the infected bedding and clothing would have to be burnt, in the absence of a steam disinfector, for in that disease one could not rely on the above method of disinfection.

Isolation Hospital.

Fortunately we have been particularly free from infectious disease during the year, and so have had no great need of an Isolation Hospital. In 1903 we had a severe epidemic of Scarlet Fever, having no less than 89 cases ; at that time we were able to utilise the Sanatorium at Basford, for some of the cases, now that hospital is no longer available a similar epidemic is a very serious thing to contemplate.

As I said in my last Report, the question of hospital isolation of Scarlet Fever is always a difficult matter for small communities like ours, and unless the County Council take the subject up, and devise some scheme for an Isolation Hospital for small Urban districts, the only alternative is for us to join with districts in a similar predicament, and have a joint hospital.

The consideration of the subject of course resolves itself into a question of expense, and that is naturally a subject of considerable importance when dealing with public money, but at the same time it is for a purpose which closely affects the well being of the District.

Scavenging.

I can again testify to the excellent way in which this important work has been carried out. Up till the last year or two it was the usual thing for the Sanitary Inspector and myself to get complaints—sometimes several a week—about the unsatisfactory condition of the privy-middens, now, however, they are few and far between.

This is eminently satisfactory, but still it does not do away with the fact that privy-middens are, or ought to be, a thing of the past: the water carriage system is the best and healthiest way of disposing of human refuse, and the conversion of privy-middens into this system should be encouraged in every way by the Council. They are no longer allowed to be built in new properties, but the difficulty is to get the old ones abolished.

The sanitary tins are emptied once a week with tolerable regularity, but they are not found sufficiently large enough for some households. I would call attention to the fact that there are 28 houses in James Street, which are as yet, I believe, unprovided with sanitary tins : promises have

been made by the landlord from time to time that they would be supplied, if not done forthwith I would suggest that summary action be taken.

Nuisances.

The wet ashpits which were formerly such an objection and a menace to health are now, I am glad to say, few, and complaints about them have not been numerous. There is a row of houses in Portland Street where the ash-pits are not in a satisfactory condition, but the Sanitary Inspector informs me that steps are being taken to remedy them. Choked drains, which I mentioned in my last Report, had been a constant source of trouble in 1904, were not, for some reason, so frequent during the year, probably because householders see the necessity, when their waste water closets are not constructed with a "tipper," of allowing a good supply of tap water to flush the drains. The cesspools on Breck Hill Estate have been, as in 1904, a constant nuisance: plans, however, are now being prepared for the proper sewerage of this property.

Numbering of Houses.

A good many houses have been properly numbered during the year, but there are still a great many which want doing, notably in Gedling Grove, James Street, and Furlong Street. It is a great saving of time and trouble in a district like this, where people are constantly changing their address, to have the houses numbered. I hope the remaining ones will soon be attended to.

Sewers.

The condition of the Main Sewers is satisfactory, and they are regularly flushed; there is a new flushing chamber on Red Hill, which is acting well.

There have been constant complaints by a householder in Mansfield Road, Daybrook, of the unpleasant smell in his cellars: the matter was investigated by the Sanitary Inspector, and some alterations made. The nuisance was remedied for some considerable time, but is now as bad as ever. We have come to the conclusion that a ventilating shaft should be erected in that neighbourhood in connection with the Sherbrook Road Sewer, this, we hope, will obviate the nuisance.

I have previously said that the smell which arises from a sewer grating, and which one *occasionally* detects is more objectionable than harmful, but injurious if *constantly* inhaled, as it renders the person extremely susceptible to disease.

Sewers have been extended to several roads in the parish during the year, viz.:—Egerton Road, Woodthorpe Avenue, and Byron Streot.

Water Supply.

A proper water supply has at last been laid on to Pete's Cottages, Spout Lane; the other property in Calverton Road, about which I wrote to the agent some few week ago, has not yet been attended to, but I trust it will be before very long.

Houses Unfit for Habitation.

The most notable example is Mrs. Cook's property in Derry Mount, which I gave you a short description in my last yearly Report. In November I sent a report to your clerk, giving a detailed account of the defects of each house, but so far as I know the same condition of things exists now.

I am still hoping that sooner or later this property will be pulled down, or put into a thorough state of repair.

Overcrowding.

Two bad cases came under my observation during the year: in one the parents and six children occupied one small bedroom, and in the other a mother and three sons shared a small bedroom between them, and as two of the sons were young adults, there was, in this case, a grave moral objection as well. There was no difficulty, however, in getting this state of things remedied.

Cowsheds.

These have been inspected by the Sanitary Inspector and myself during the year. As I have said in previous Reports, many of them are primitive, and require re-building altogether: in most of them either the light, drainage, or ventilation is deficient: there is still, in some cases, the objectionable and dangerous practice of storing manure near the cow-houses.

Defects are pointed out at our visits, and promises of remedying them are made, but I regret to say they are not always kept. One new one has been built during the year. There are practically no dairies in the place, as the milk is usually sent away immediately for distribution.

Slaughter Houses.

The Sanitary Inspector and myself have made systematic inspections of these during the year. There are six licensed, but only five in regular use: on the whole I can classify them as good, ventilation and clealiness,

the two most important points, being well attended to; the walls are limewashed fairly regularly, and the floors kept clean, but in some cases the latter require re-laying as they have become dilapidated in places, and therefore difficult to thoroughly cleanse.

In one water has not been laid on, and in two the gully is placed inside the slaughter-house.

Factories, Workshops, and Bakehouses.

Section 132 of the Factory and Workshop Act, 1901, requires me to report specifically on the administration of this Act in workshops and work places, and to send a copy of my report to the Secretary of State.

Registers of these places are now kept: there are 9 factories and 77 workshops.

In the case of factories the District Council have to see chiefly that there is an adequate means of escape from fire: one factory has provided, during the year, an external iron staircase reaching from the top to the bottom of the building, and communicating with each floor; this method would appear to be the most serviceable in the event of fire, and, in some places, I believe, it is now compulsory for every factory and warehouse to have this provision.

In one factory the water-closets were found in an unsatisfactory condition, and they were at once remedied at my suggestion.

In regard to workshops, District Councils have important duties, which may be classified as follows:—

(1) The sanitary condition of workshops and work-places generally.

(2) Provision of means of escape from fire.

(3) Special sanitary regulations for bakehouses.

(4) Home work.

The workshops generally are in a satisfactory condition, a number of instructions have been given from time to time to limewash more frequently, or to improve the ventilation, and in nearly every case the defects were remedied within a short time

The bakehouses, of which there are 17 in number, aad all in regular use, have been inspected during the year. The majority are in a satisfactory condition, and the limewashing is done much more regularly than

formerly. One is in bad repair, and as the tenant told me that the landlord had promised to make good all the defects on his taking the house, I wrote to the landlord requesting him to attend to the matter, he, however repudiated any liability. The repairs had not been done at my last visit, and unless the necessary alterations are made soon I shall bring the matter officially to your notice. One application for a bakehouse was rightly refused on the ground that the premises were not suitable.

There is one underground bakehouse, the certificate for which was first granted in 1903. Very few of the bakehouses keep a register or have the prescribed abstract of the Act fixed up as required by sections 128 and 129, but as very few young persons or children are employed this does not appear a very grievous omission.

Two lists representing 56 out-workers have been received from the factories in this district: section 107 of this Act requires that "The occupier of every factory and workshop shall send on or before the 1st day of February and the 1st day of August in each year copies of those lists to the District Council."

Your Sanitary Inspector sends notices to the factories reminding them of this requirement, apparently, however, little notice is taken. Five lists containing the names of 21 out-workers have been received from other authorities. One case of infectious disease was notified in an out-worker's premises, and the work was forthwith forbidden.

In conclusion, Gentlemen, I beg to thank you for the unvarying courtesy and consideration which I have at all times received at your hands.

I am,

Your obedient Servant,

HARVEY FRANCIS, M.D.,

Medical Officer of Health.

ARNOLD DISTRICT.

TABLE I.

Vital Statistics of Whole District during 1905 and Previous Years.

Year	Population estimated to Middle of each Year	Births		Total Deaths Registered in the District				Total Deaths in Public Institutions in the District	Deaths of Non-residents registered in Public Institutions in the District	Deaths of Residents registered in Public Institutions beyond the District	Nett Deaths at all Ages belonging to the District	
				Under 1 Year of Age		At all Ages						
		Number	Rate*	Number	Rate per 1,000 Births registered	Number	Rate*				Number	Rate*
1	2	3	4	5	6	7	8	9	10	11	12	13
1895	8162	278	32·83	52	187	144	17·64	..	..	..	144	17·64
1896	8258	266	32·21	38	142	114	13·8	..	..	..	114	13·8
1897	8346	279	33·42	71	254	155	18·57	..	..	..	155	18·57
1898	8448	246	29·1	38	154	112	13·25	..	..	2	114	13·49
1899	8550	251	29·35	45	179	132	15·43	..	..	1	133	15·55
1900	8654	304	35·12	46	151	146	16·87	..	..	3	149	17·21
1901	8757	265	30·26	37	139	111	12·67	..	..	3	114	13·01
1902	8856	290	32·74	41	141	130	14·67	..	..	3	133	15·01
1903	8954	294	32·83	50	170	133	14·85	..	..	..	133	14·85
1904	9900	295	29·79	59	200	143	14·4	..	..	..	143	14·4
Averages for years 1895–1904	8688	276	31·76	47	171	132	15·21	..	..	..	133	15·35
1905	10530	310	29·43	50	161	156	14·8	..	..	6	162	15·38

*Rates in Columns 4, 8, and 13 calculated per 1,000 of estimated population.
Area of District in acres (exclusive of area covered by water), 4612.
Total population at all ages, 8757. Number of inhabited houses, 1799. Average number of persons per house, 4 8.
At Census of 1901.

ARNOLD DISTRICT.

TABLE III.

Cases of Infectious Disease notified during the Year 1905.

Notifiable Disease.	Cases Notified in Whole District.							Total Cases notified in each Locality.							No. of Cases removed to Hospital from each Locality.						
	At all Ages	At Ages—Years						1	2	3	4	5	6	7	1	2	3	4	5	6	7
		Under 1	1 to 5	5 to 15	15 to 25	25 to 65	65 and upwards														
Small-pox	..	..	..	..	.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cholera	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Membranous Croup	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Erysipelas	3	..	..	1	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Scarlet Fever ..	7	..	..	6	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Typhus Fever ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Enteric Fever ..	5	..	..	1	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Relapsing Fever ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Continued Fever ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Puerperal Fever ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Plague	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Totals	16	..	..	8	4	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..

ARNOLD DISTRICT.

TABLE IV.

Causes of, and ages at, Death during Year 1905.

Causes of Death	Deaths in or belonging to whole District at subjoined Ages							Deaths in or belonging to Localities (at all Ages)							Total Deaths in Public Institutions in the District
	All ages	Under 1	1 and under 5	5 and under 15	15 and under 25	25 and under 65	65 and upwards								
Small-Pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles	18	4	13	1	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever	1	...	..	1	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria and Membranous Croup ...	1	...	...	1	...	..	...	...	...	...	...	...	...	..	...
Croup	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Fever { Typhus ...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...
Fever { Enteric ...	2	...	...	...	1	1	...	...	...	...	...	...	...	...	...
Fever { Other contnd.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Epidemic Influenza ...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...
Cholera	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...
Plague	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diarrhœa	9	9	...	...	...	...	...	...	...	...	..	...	...	...	...
Enteritis	3	2	...	...	...	1	...	...	...	...	...	...	...	..	...
Puerperal Fever ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Erysipelas	...	..	...	...	...	...	..	...	...	...	..	...	...	..	...
Other Septic Diseases	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...
Phthisis	13	...	...	...	3	10	...	...	...	...	...	...	...	..	...
Other Tubercular Diseases	5	1	2	1	...	1	...	...	...	...	...	...	...	...	...
Cancer, Malignant Diseases	8	...	...	...	...	6	2	...	...	...	...	...	..	...	...
Bronchitis	20	6	2	...	...	5	7	...	...	...	...	...	...	...	...
Pneumonia	15	4	5	2	...	2	2	...	...	...	...	...	...	...	...
Pleurisy	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Diseases of Respiratory Organs	3	...	...	...	...	1	2	...	...	...	...	...	...	...	...
Alcoholism } Cirrhosis of Liver } ...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...
Venereal Diseases ...	...	...	...	...	...	...	...	..	...	...	...	...	..	...	...
Premature Birth ...	8	8	...	...	...	...	...	...	...	...	...	...	..	...	...
Diseases and Accidents of Parturition ...	1	...	...	...	1	..	...	...	...	...	...	...	...	...	...
Heart Diseases ...	11	...	...	...	...	7	4	...	..	...	...	...	...	...	...
Accidents	3	...	...	...	2	1	...	...	...	...	...	...	...	...	...
Suicides	2	...	...	..	...	2	...	...	...	...	...	...	...	...	...
All other causes ...	38	16	2	1	1	7	11	...	...	...	...	...	...	...	...
All causes ...	162	50	24	7	8	45	28	...	...	...	...	...	...	...	...

ARNOLD DISTRICT.

TABLE V.

Infantile Mortality during the Year 1905.

Deaths from stated Causes in Weeks and Months under One Year of Age.

Cause of Death	Under 1 Week	1–2 Weeks	2–3 Weeks	3–4 Weeks	Total under 1 Month	1–2 Months	2–3 Months	3–4 Months	4–5 Months	5–6 Months	6–7 Months	7–8 Months	8–9 Months	9–10 Months	10–11 Months	11–12 Months	Total Deaths under One Year
All Causes (Certified ...	11	4	...	2	17	6	5	7	1	3	3	..	1	2	...	5	50
All Causes (Uncertified ..	...	...	...	...	...	...	...	...	...	...	...	..	..	...	..	...	...
Common Infectious Diseases.																	
Small-Pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Chicken-Pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	3	4
Scarlet Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria: Croup ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diarrhœal Diseases.																	
Diarrhœa, all forms ...	...	...	...	...	...	1	1	2	1	1	1	...	...	1	...	1	9
Enteritis	...	1	...	...	1	...	...	1	...	...	...	...	...	...	...	...	2
Gastritis, Gastro-intestinal Catarrh	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...
Wasting Diseases.																	
Premature Birth ..	5	2	...	1	8	...	...	...	...	...	...	...	...	...	...	...	8
Congenital Defects ...	4	...	...	...	4	...	..	...	...	...	...	...	...	...	...	...	4
Injury at Birth ..	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Want of Breast-Milk ...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...
Atrophy, Debility, Marasmus	...	...	...	...	...	...	2	1	...	1	1	...	...	...	...	...	5
Tuberculous Diseases.																	
Tuberculous Meningitis	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...
Tuberculous Peritonitis: Tabes Mesenterica	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...
Other Tuberculous Diseases	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1
Erysipelas	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Syphilis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Rickets	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...
Meningitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Convulsions	1	...	...	...	1	2	...	1	...	1	...	...	...	...	...	...	5
Bronchitis	1	1	...	..	2	2	1	1	...	..	...	...	...	..	...	...	6
Laryngitis	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...
Pneumonia	..	...	...	...	...	...	1	...	...	...	1	...	1	...	...	1	4
Suffocation, overlaying	...	...	...	...	...	.	...	...	...	...	...	...	...	...	...	...	...
Other Causes	...	...	...	1	1	...	1	...	...	...	...	...	...	...	...	...	2

Births in the year { legitimate, 300. illegitimate, 10 (since June 1st).

Population—Estimated to middle of 1905, 10,530.
Deaths from all Causes at all Ages, 156.

ARNOLD DISTRICT.

Annual Report of the Medical Officer of Health for the year 1905 *on the administration of the Factory and Workshop Act,* 1901, *in connection with Factories, Workshops, Laundries, Workplaces and Homework.*

1.—INSPECTION.

Including Inspections made by Sanitary Inspectors or Inspectors of Nuisances.

Premises	Number of		
	Inspections	Written Notices	Prosecutions
Factories .. .. .. (Including Factory Laundries.)	18	1	..
Workshops .. .. .. (Including Workshop Laundries.)	154	..	..
Workplaces	..	..	..
Homeworkers' Premises.. ..	77	..	..
Total	249	1	..

2.—DEFECTS FOUND.

Particulars	Number of Defects			Number of Prosecutions
	Found	Remedied	Referred to H.M. Inspector	
Nuisances under the Public Health Acts: –				
Sanitary accommodation				
insufficient	...	...	...	...
unsuitable or defective	2	2	...	...
not separate for sexes	...	...	...	...
Offences under the Factory and Workshop Act: –				
Failure as regards lists of outworkers (s. 107) ...	8	...	...	...
Giving out work to be done in premises which are				
unwholesome (s. 108)	...	...	...	...
infected (s. 110)	1	1	...	...
Total	11	3	...	...

3.—OTHER MATTERS.

Class.	Number.	
Underground Bakehouses (s. 101):—		
In use at the end of the year	1	
Homework:—	Number of	
List of Outworkers (s. 107):—	Lists.	Outworkers.
Lists received	2	56
Addresses of out-workers { forwarded to other Authorities ...	...	...
Addresses of out-workers { received from other Authorities	5	21
Homework in unwholesome or infected premises:—	Wearing Apparel.	Other.
Cases of infectious disease notified in homeworkers' premises	1	...
Orders prohibiting homework in infected premises (s. 110) ...	1	...
Workshops on the Register (s. 131) at the end of the year	60	
Bakehouses	17	
Total number of workshops on Register	77	

February 6th, 1906.

Harvey Francis,
Medical Officer of Health.